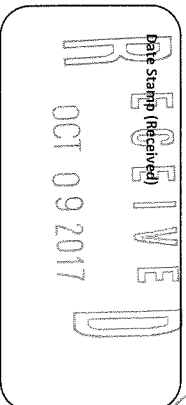


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0420
Date:	10-17-17
Amount Paid:	75 10-9-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY BAYFIELD Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Tom Holmstrom	Mailing Address: P.O. Box 395	City/State/Zip: Sols Springs W. 54873	Telephone:
Address of Property: 54755 SUDERWOLF DALE	City/State/Zip: BAYFELS W. 54873		Cell Phone: 612 221 0056
Contractor: Tom Holmstrom	Contractor Phone: 612 221 0056	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION 1/4, 1/4	Legal Description: (Use Tax Statement) 355 92	Tax ID# (4-5 digits) 355 92	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R-40491
Section 19 , Township 45 N, Range 09 W	Vol & Page 1065 13	Lot(s) No. 19	Block(s) No.
Town of: BAYFELS		Subdivision: PRINCE ADAMS TO PETROUSAKIS	Lot Size 300 X 300
Acres 1		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If Yes---continue →	Distance Structure Is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		Distance Structure Is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 2560	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Garage	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: _____	<input checked="" type="checkbox"/> Add-on
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (If permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 15'
Proposed Construction: GARAGE EXISTING ADDITION	Length: 24	Width: 24	Height: 15'

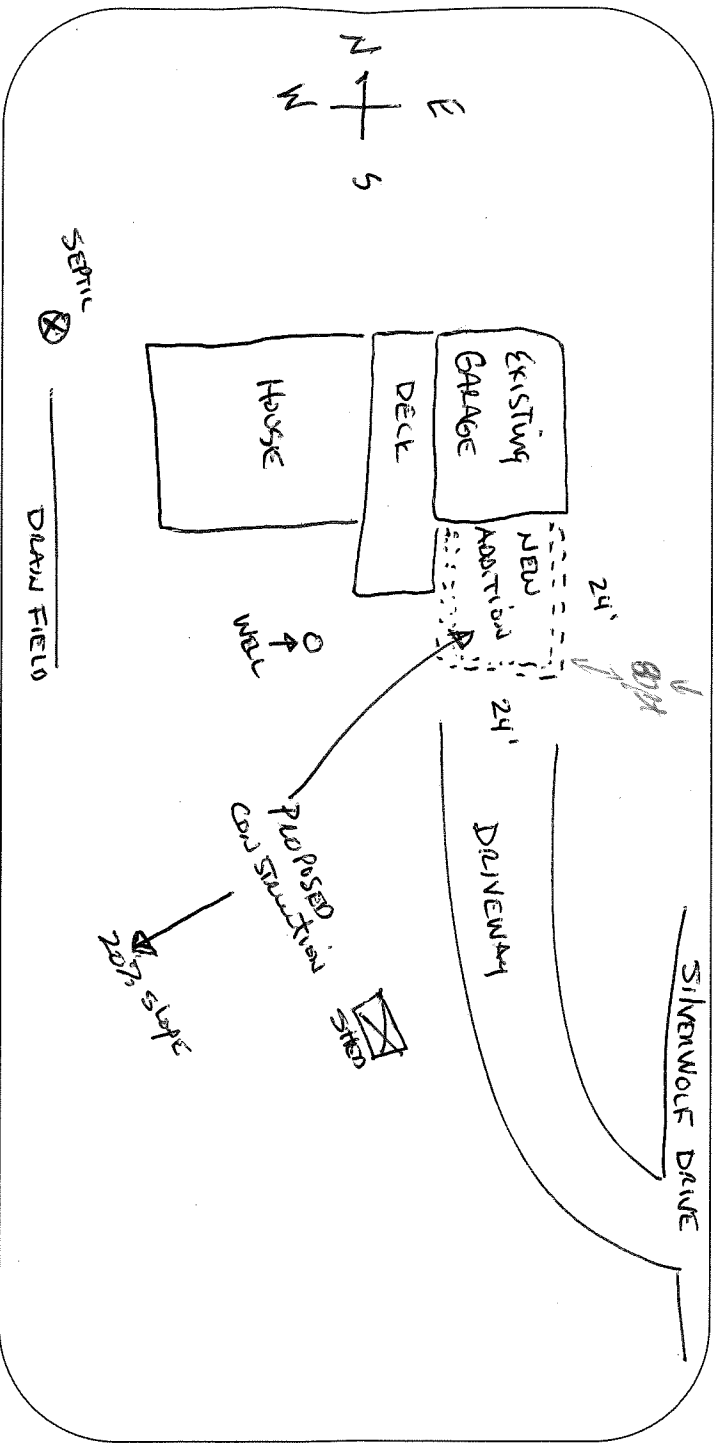
Rec'd for issuance Proposed Use OCT 17 2017	Proposed Structure		Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	() X ()		
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()		
<input type="checkbox"/>	with Loft	() X ()		
<input checked="" type="checkbox"/> Residential Use	with a Porch	() X ()		
	with (2 nd) Porch	() X ()		
	with a Deck	() X ()		
	with (2 nd) Deck	() X ()		
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()		
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()		
	Mobile Home (manufactured date)	() X ()		
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() X ()		
	Accessory Building (specify) _____	() X ()		
	Accessory Building Addition/Alteration (specify) EXTEND GARAGE	(24 X 24)		576
	Special Use: (explain) _____	() X ()		
	Conditional Use: (explain) _____	() X ()		
	Other: (explain) _____	() X ()		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tom Holmstrom Date 10/3/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: AA Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit P.O. Box 395 Sols Springs WI 54873
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Web App Builder for Bayfield
- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	1/4 Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	1/4 Feet
Setback from the North Lot Line	60 Feet	Setback from the Bank or Bluff	1/4 Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	1/4 Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on Property	Yes No
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	20 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	1/4 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 389415	# of bedrooms: 3	Sanitary Date: 12/14/01		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0480	Permit Date: 10-17-12					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District (B-1)
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Inspected by: 10/10/17	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)						
Signature of Inspector: [Signature]						
Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met.						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 10/17/17		

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0420** Issued To: **Todd Holmstrom**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **19 & 20** Block Subdivision **Pawnee Add to Potawatomi** CSM#

For: **Residential Accessory Addition / Alteration: [1- Story; Extend Garage (24' x 24') = 576 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation unless all applicable zoning / sanitary / UDC codes are fully met.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

October 17, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 18 2017



Permit #:	17-0497
Date:	10-26-17
Amount Paid:	\$1855.14.17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Mike & Nicole EBBEL		2474 PINE CTR DRIVE		BREMEN, WI 54833		Cell Phone:			
Address of Property:		City/State/Zip:		Contractor Phone:		Plumber:			
45765 RIVER ROAD		GORDON, WI 54835		Plumber:		Plumber Phone:			
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Registrar of Deeds)		Document #:			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Subdivision:		Is Property in Floodplain Zone?			
NE 1/4, NE 1/4		Gov't Lot		Lot(s)		Block(s) No.		Acreage	
NE 1/4, NE 1/4		Gov't Lot		1		894		6/70	
Section 19, Township 44 N, Range 28 W		Town of:		BREMEN		Lot Size		7.720	

<input type="checkbox"/> Shoreland	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---Continue →	Distance Structure is from Shoreline: <u>Approx 400</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
<input type="checkbox"/> Non-Shoreland	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u> </u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u>	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Mobile Home (manufactured date) <u>1984</u>	(14 X 70)	960
<input type="checkbox"/>	Addition/Alteration (specify) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Accessory Building (specify) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Special Use: (explain) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Conditional Use: (explain) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/>	Other: (explain) <u> </u>	(<input type="checkbox"/> X <input type="checkbox"/>)	

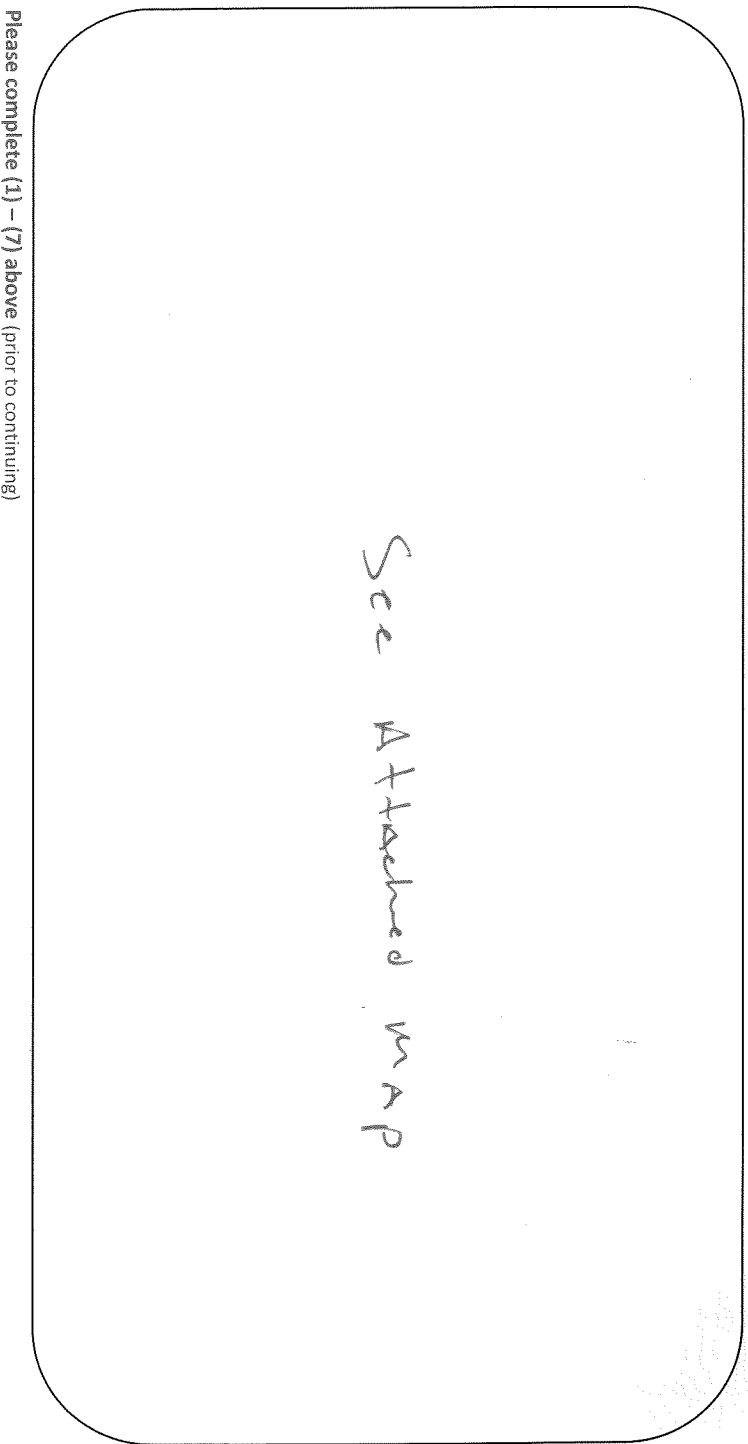
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mike & Nicole Ebbel Date 10/26/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Paul Ebbel Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached MAP



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	194 Feet	Setback from the Lake (ordinary high-water mark)	340 Feet
Setback from the Established Right-of-Way	161 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	475 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	465 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	155 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	161 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	unknown Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

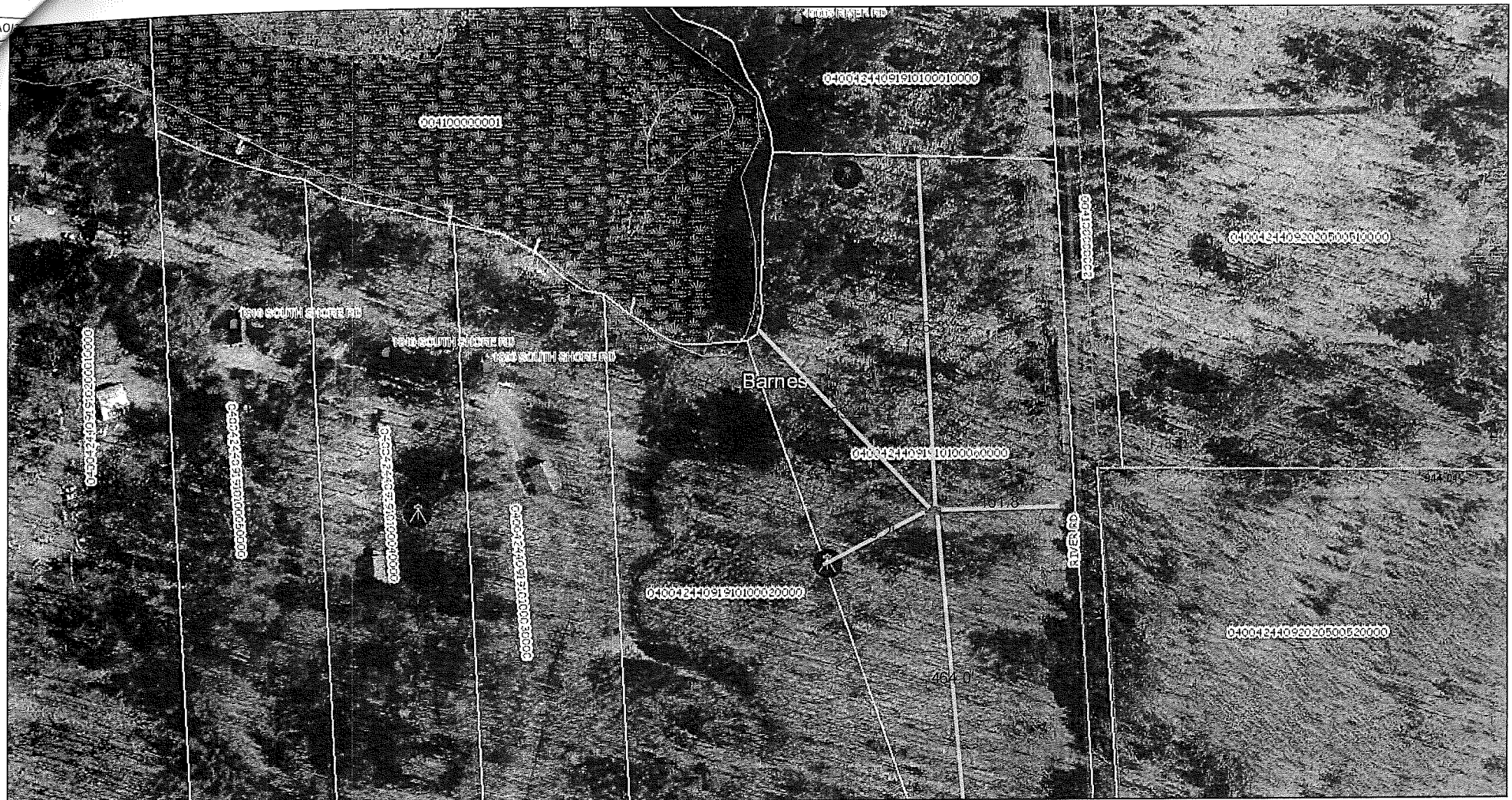
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>17-1898</u>	# of bedrooms: <u>5</u>	Sanitary Date: <u>10-20-17</u>			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>170487</u>		Permit Date: <u>10-20-17</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #: <u>NA</u>		Previously Granted by Variance (B.O.A.)		Case #: <u>NA</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Project location as represented by owner appears code compliant. OK to issue LV permit.</u>						Zoning District (as) <u>CSM BAY</u>	
Date of Inspection: <u>5/22/17</u>		Inspected by: <u>Robert Schlegel</u>				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached)							
<u>Must contact local Uniform Dwelling Code inspection agency contacted by the Town of Barnes and secure use permit as required by state statute</u>							
Signature of Inspector: <u>[Signature]</u>						Date of Approval: <u>5/22/17</u>	
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

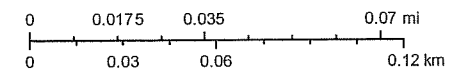
Bayfield County Web AppBuilder



May 18, 2017

	Building		Recorded Map		State		Tie Line
	Corner Tie Sheets		Road Type		Town		Rivers
	Section Corner Monument on File		CFR		Municipal Boundary		Wetlands
	Section Corner Monument Referenced on Survey		County		Section Lines		Douglas Co Parcels
	Survey Maps		Federal		Approximate Parcel Boundary		Ashland Co Parcel
	UnRecorded Map		Private		Meander Line		

1:1,566



Bayfield County
Bayfield

City, village, State or Federal
Units May Also Be Required

LAND USE – X
SANITARY – 17-129S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0427** Issued To: **Michael & Nicole Kubala**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **894**

For: **Residential Use: [1- Story; Mobile Home (14' x 70') = 980 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency contracted by Town of Barnes and secure UDC permit as required by State Statute.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

October 20, 2017

Date